



ACUSHNET RUBBER COMPANY, INC.

Manufacturers of Elastomeric Products

SEP 10 1997

September 5, 1997

Environmental Protection Agency
Permits Processing Section
P. O. Box 8127
Boston, MA 02114

Gentlemen:

Enclosed please find copies of our discharge monitoring reports for our Stormwater Permit No. MAR 00A235 for Plant D located at 200 Riverside Avenue, New Bedford, MA. for the period from April 1 to June 30, 1997.

Should you have any questions regarding these discharge monitoring reports, please do not hesitate to contact me.

Sincerely,

Acushnet Rubber Company, Inc.

John J. Bailey, Jr. C.S.P.
Director of Environmental Affairs

JJB/vgd
Encl.

Discharge Monitoring

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name Acushnet Rubber Company, Inc. - Plant D
Street 200 Riverside Avenue
City New Bedford
State/Zip code MA 02742

see INSTRUCTIONS on back

Remarks Stormwater Monitoring

Telephone number (including area code) 508-998-4058

(2-3) MA	(4-16) MAR 00A235
ST	PERMIT NUMBER

(17-19) DIS

REPORTING PERIOD: FROM

(20-21)	(22-23)	(24-25)
9 7	0 4	0 1
YEAR	MO	DAY

to

(26-27)	(28-29)	(30-31)
9 7	0 6	3 0
YEAR	MO	DAY

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		QUANTITY			CONCENTRATION										
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
B.O.D.	REPORTED							8				1/90	Grab		
	PERMIT CONDITION														
T.S.S.	REPORTED							< 2.0				1/90	Grab		
	PERMIT CONDITION														
TKN	REPORTED							< 0.5				1/90	Grab		
	PERMIT CONDITION														
C.O.D.	REPORTED							11.6				1/90	Grab		
	PERMIT CONDITION														
P	REPORTED							0.22				1/90	Grab		
	PERMIT CONDITION														
OIL & GREASE	REPORTED							3.0				1/90	Grab		
	PERMIT CONDITION														
Ba	REPORTED							< 0.005				1/90	Grab		
	PERMIT CONDITION														
Zn	REPORTED							0.42				1/90	Grab		
	PERMIT CONDITION														
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Bailey, John J.		Director of EHS		97 09 04											
LAST	FIRST	MI	TITLE		YEAR	MO	DAY								